

Panelist Nomination Form

Print or type. Please attach a copy of the nominee's re Please check the title that applies. □ Mr. □ Ms.		
2. First name		
3. Address 4. City		7in
5. Day phone		
6. Email		
7. Please indicate which one of the following best des		
□ American Indian □ Asian □ Black □ Hispanic	☐ Multi-racial ☐ White	
8. Please indicate whether or not the nominee has any	y disabilities.	
□ Visually impaired □ Hearing impaired □ Physic	cally impaired No disabi	lities
 Please indicate the discipline(s) in which the nomin- with 1 indicating first choice, 2 indicating second choice Dance 		elect up to three, numbering them in order of preference, pice. 06G Urban/Metropolitan
01 Ballet		07 Crafts
01B Ethnic/Jazz		07A Clay
01C Modern 02 Music		07B Fiber 07C Glass
02A Band		07D Leather
02B Chamber		07E Metal
02C Choral		07F Paper
02D New 02E Ethnic		07G Plastic 07H Wood
02E Etimic 02F Jazz		071 Mixed Media
02G Popular		08 Photography
02H Solo/Recital		09 Media Arts
02I Orchestral 03 Opera/Musical Theatre		09A Film 09B Audio
03 Opera musical meatre 03A Opera		09C Video
03B Musical Theatre		09D Technology/Experimental
04 Theatre		10 Literature
04A General 04B Mime		10A Fiction 10B Non-Fiction
04D Puppet		10B Non-Fiction 10C Playwriting
04E Theatre for Young Audiences		10D Poetry
05 Visual Arts		11 Interdisciplinary
05A Experimental 05B Graphics		12 Folklife/Traditional Arts 12A Folk/Traditional Dance
05D Graphics 05D Painting		12B Folk/Traditional Music
05F Sculpture		12C Folk/Traditional Crafts & Visual Arts
06 Design Arts		12D Oral Traditions (includes folk/traditional
06A Architecture 06B Fashion		storytelling)
06C Graphic		13 Humanities 14 Multidisciplinary
06D Industrial		15 Non-Arts/Non-Humanities
06E Interior		
06F Landscape Architecture		
10. Occupation: Please check all that apply to the non	ninee.	
□ Artist		□ Elected Official
☐ Arts Manager/Administrator ☐ Arts Organization Reard Member		 □ Local Arts Agency Staff/Volunteer □ Museum Professional
 □ Arts Organization Board Member □ Arts Patron/Volunteer 		□ Museum Professional □ Critic/Scholar
☐ Educator, K-12		□ Other – Describe in space below
☐ Educator, Higher Education		·

Mail this form to the Mississippi Arts Commission, 239 North Lamar Street, Suite 207, Jackson, MS 39201. Questions? Call 601-359-6030.